

Virginia Department of Social Services
Medicaid Fact Sheet #23
TWELVE-MONTH EXTENDED MEDICAID

The following information is given as a guideline only. To determine Medicaid eligibility, an application must be filed with local department of social services for the area in which you live.

Medicaid coverage may be extended for up to 12 months for families whose Low Income Families with Children (LIFC) Medicaid was canceled because of:

- (1) the caretaker/relative's new employment,
- (2) the caretaker/relative's increased hours of employment,
- (3) the caretaker/relative's increased wages from employment, or
- (4) expiration of any assistance unit member's earned income disregard.

The family will receive 6 months of extended coverage if:

- (1) they received LIFC Medicaid in at least 3 of the 6 months immediately before the month in which the family became ineligible for LIFC,
- (2) they continue to have a child who is under 18 (or if 19 if in school) living in the home,
- (3) the family complies with the Health Insurance Premium Payment (HIPP) requirements, and
- (4) the family has not been determined to be ineligible for LIFC Medicaid because of fraud any time during the last 6 months of coverage.

The family may receive an additional 6 months of extended coverage if:

- (1) they verify their earnings every 3 months,
- (2) they continue to have a child who is under 18 (or if 19 if in school) living in the home, and
- (3) the parent continues to be employed.

A form will be sent to the family every 3 months which must be completed and returned on time to the local department of social services. Verification of earned income and child care costs must be returned with the form. Monthly gross earned income minus the cost of child care cannot be more than 185% of the Federal Poverty Level (FPL) in order for the family to continue to receive extended Medicaid coverage. These income amounts are listed in the chart on the back of this form. Coverage may not continue if the parent has not been employed during all of the 3 month period (unless there is good cause for unemployment). The eligibility worker will need to know the reason the parent was not employed.

INCOME LIMITS
7th THROUGH 12th MONTH OF
EXTENDED MEDICAID

185% FPL		
MEDICAID FAMILY UNIT	MONTHLY INCOME	YEARLY INCOME
1	\$1,476	\$17,705
2	\$1,978	\$23,736
3	\$2,481	\$29,767
4	\$2,984	\$35,798
5	\$3,486	\$41,829
6	\$3,989	\$47,860
7	\$4,491	\$53,891
8	\$4,994	\$59,922